

¹FORM G

[Refer rule 10]

Consent

(For invasive techniques)

I, Wife/daughter of Age years residing at hereby state that I have been explained fully the probable side effects and after effects of the pre- natal diagnostic procedures.

I, wish to undergo the preimplantation/pre-natal diagnostic technique/test/procedures in my own interest to find out the possibility of any abnormality (i.e. disease/deformity/disorder) in the child I am carrying.

I undertake not to terminate the pregnancy if the pre-natal procedure/technique/test conducted show the absence of disease/deformity/disorder.

I understand that the sex of the foetus will not be disclosed to me.

I understand that breach of this undertaking will make me liable to penalty as prescribed in the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994)¹ and rules framed there under.

Date: Signature of the pregnant women

Place:

I have explained the contents of the above to the patient and her companion (Name Address Relationship) in a language she/they understand.

Name, Signature and Registration
Number of Gynaecologist/Medical Geneticist
Radiologist/Paediatrician/Director of
the Clinic/Centre Laboratory

Date :

Name, Address and Registration number of
Genetic Clinic/ Institute

SEAL

1. Now "The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994)"